

2000 Medical Expenditure Panel Survey
Insurance Component

HEALTH INSURANCE COST STUDY

Company Questionnaire

*(Please correct any errors in name, address, and ZIP
Code. Enter number and street if not shown.)*

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

RETURN TO

**U.S. Census Bureau
1201 East 10th Street
Jeffersonville, IN 47132-0001**

PLEASE RETURN ENTIRE PACKAGE WITHIN

PLEASE DO NOT REMOVE THIS COVER SHEET

INSTRUCTIONS

1. Please report for the company identified on the cover sheet, unless otherwise specified.

A COMPANY, for the purposes of this study, is a business with its own management and legal structure. A company represents the entire organization, including the headquarters and all divisions, subsidiaries, and branches within the organizational family.

2. Please report data for the year **2000**.
3. Estimates are acceptable.
4. For an explanation of unfamiliar terms, refer to the Definition Sheet included with this package.
5. If you have any questions or need assistance in completing the questionnaire, please call 1-888-206-8023.

Paperwork Reduction Act and Burden Statements

We expect that it will take 45 minutes, on average, per company, to complete the basic questionnaire. Companies with more than one health plan will take an additional 10 minutes per plan, on average, up to the maximum of three plans to be reported. In addition, we estimate that it will take 15 minutes to review the instructions and locate the requested information. You may send any comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing burden, to the following address: Director, Center for Cost and Financing Studies, Paperwork Reduction Project 0935-0110, Agency for Healthcare Research and Quality, Executive Office Center, Suite 500, 2101 East Jefferson Street, Rockville, MD 20852-4908.

Section A – NUMBER OF PLANS

1a. Are you reporting for your entire company?

- 535 1 ☐ Yes – **SKIP to Question 2a**
 2 ☐ No – Continue with Question 1b

b. If you are reporting for a portion of your total company, approximately what percentage of the company's total 2000 employment are you reporting?

528 % Company employment

529 Briefly explain

*Respond for **ACTIVE** employees only.*

2a. Did your company make available or contribute to the cost of any health insurance plans for its ACTIVE employees in 2000?

For this survey, a health insurance plan is hospital and/or physician coverage made available to employees.

- 001 1 ☐ Yes – Continue with Question 2b
 2 ☐ No – **SKIP to Page 4, Section B**

b. On average, how many different health insurance choices did your company make available or contribute to for its ACTIVE employees at a TYPICAL establishment during the 2000 plan year?

*Report for a **single** establishment within your company which you think offered a "TYPICAL" array of health insurance plans.*

Do not count single service plans (optional plans) such as dental or vision.

Plans offered by the same insurance company which offer:

- Employee-only, employee-plus-one and family plans providing the same level of benefits count as one plan.
- High and standard options count as two plans.
- An HMO and a conventional plan count as two plans.

003 Health insurance choices at a **typical** establishment

Section B – EMPLOYMENT CHARACTERISTICS

Estimates are acceptable for all employment, eligibility, and enrollment figures.

Include officers, owners, part-time, temporary and seasonal employees.

Exclude leased or contract workers and retirees.

- 1a. What was the total number of employees your company had at ALL locations for a TYPICAL pay period in 2000?**

034

Employees at all locations

*If your company did not offer health insurance in 2000, **SKIP to Question 2a***

- b. How many of these employees were ELIGIBLE for at least one health plan through your company?**

201

Eligible employees

- c. How many of these employees were ENROLLED in ANY health plan through your company?**

202

Enrolled employees

- 2a. For the same TYPICAL pay period in 2000, how many of the employees reported in B1a worked part-time?**

203

Part-time employees

*If your company did not offer health insurance in 2000, **SKIP to Question 3***

- b. How many of these part-time employees were ELIGIBLE for at least one health plan through your company?**

204

Eligible part-time employees

- c. How many of these part-time employees were ENROLLED in ANY health plan through your company?**

205

Enrolled part-time employees

- 3. Did your company offer health insurance to its temporary or seasonal employees in 2000?**

Mark (X) only one.

564

- 1 ☐ Yes
 2 ☐ No
 4 ☐ No temporary or seasonal employees
 3 ☐ Don't know

Section B – EMPLOYMENT CHARACTERISTICS – Continued

- 4. Of the active employees enrolled in a health insurance plan your company offered in 2000, what percentage were ENROLLED in each of the following types of plans?**

Exclusive providers – Enrollees must go to providers associated with the plan except in an emergency. There is typically no cost or a small fixed cost for each physician visit.

Any Providers – Enrollees may go to providers of their choice on a fee-for-service basis. The plan does not have any associated providers.

Mixture of preferred and any providers – Enrollees may go to a set of "preferred" providers associated with the plan or providers of their choice. If they go to a non-preferred provider, they face higher costs.

Active enrollment by type –

- 518 % **Exclusive providers** (Examples: Most HMO, IPA, and EPO-type plans)
- 519 % **Any providers** (Examples: Most conventional and indemnity plans)
- 520 % **Mixture of preferred and any providers** (Examples: Most PPO and POS-type plans)

Provide information for a TYPICAL pay period in 2000.

Estimates are acceptable.

The following workforce characteristics are used to group similar companies together for analytical purposes.

If none, enter "0".

- 5a. Approximately, what percentage of the total employees at your company were women?**

016 % Women employees

- b. Approximately, what percentage of the total employees at your company were 50 years old or older?**

017 % Employees 50 years old or older

- c. Approximately, what percentage of the total employees at your company were union members?**

018 % Union members

- d. For the employees at your company in 2000, approximately what percentage earned –**

Less than \$9.50 per hour?
Approximately \$19,800 a year or less

022 % Earned less than \$9.50 per hour

Between \$9.50 and \$21.00 per hour?
Approximately \$19,800 to \$43,700 a year

023 % Earned between \$9.50 and \$21.00 per hour

More than \$21.00 per hour?
Approximately \$43,700 a year or more

024 % Earned more than \$21.00 per hour

Section C – BUSINESS CHARACTERISTICS

1a. Which of the following fringe benefits did your company offer in 2000?

For an explanation of unfamiliar terms, refer to the Definition Sheet included with this package.

Mark (X) all that apply.

- 050 ☐ Paid vacation
 051 ☐ Paid sick leave
 052 ☐ Life insurance
 053 ☐ Disability insurance
 054 ☐ Retirement/pension plans
 055 ☐ Medical savings accounts (MSAs)
 056 ☐ Flexible spending accounts
 057 ☐ Flexible benefit plan (Cafeteria plan), *If marked, continue with Question 1b; otherwise SKIP to Question 2.*
 566 ☐ None of the above, **SKIP to Question 2**

1b. If your company offered a Flexible benefit plan (Cafeteria plan), what was the average annual value of the plan, for a TYPICAL employee?

058 Flexible benefit plan value

2. Which one of these categories BEST describes your type of business ownership?

Mark (X) only one.

- 062 1 ☐ S corporation
 2 ☐ Corporation
 3 ☐ Partnership
 4 ☐ Sole proprietorship
 5 ☐ Government (Federal, state, or local)
 6 ☐ Joint venture or cooperative

3. Which one of these categories BEST describes the principal business activity of your company?

If more than one apply, mark the category which generates the most revenue.

Mark (X) only one.

- 589 1 ☐ Retail trade
 2 ☐ Accommodations, food services, or entertainment/recreational services
 3 ☐ Personal or administrative/building support services (e.g., beauty shops, drycleaners, secretarial, janitorial)
 4 ☐ Professional services (e.g., legal, computer, communications, education, health)
 5 ☐ Religious, civic or other non-profit organizations
 6 ☐ Finance, insurance, real estate, or company management
 7 ☐ Manufacturing or mining
 8 ☐ Wholesale trade
 9 ☐ Utilities or transportation
 10 ☐ Construction
 11 ☐ Agriculture, forestry, fishing or hunting

4. Approximately, how many years has your parent company been in business?

Mark (X) only one.

- 588 1 ☐ Less than 1 year
 2 ☐ 1–2 years
 3 ☐ 3–4 years
 4 ☐ 5–9 years
 5 ☐ 10–20 years
 6 ☐ Greater than 20 years

5. How many establishments does your company operate nationally?

530 Establishments

If your company did not offer health insurance in 2000, SKIP to Page 9, Section F

Section D – RETIREE HEALTH COVERAGE CHARACTERISTICS

- 1. In 2000, did your organization provide health insurance to ANY employees who retired from your organization?**

If your organization did not have retirees, mark "No".

If COBRA was the only coverage offered, mark "No".

- 551 1 ☐ Yes – Continue with Question 2
 2 ☐ No
 3 ☐ Don't know } **SKIP to Page 9, Section E**

- 2. Did your organization offer its retirees at least one portable plan?**

A portable plan allows the retiree to obtain care in almost all locations within the country.

- 512 1 ☐ Yes
 2 ☐ No

- 3. How many RETIREE-ONLY hospital and/or physician plan choices did your organization offer in 2000?**

Do not include plans for which ACTIVE employees were eligible.

- 510 **Retiree-only plans**
OR
 511 ☐ None

UNDER 65 YEARS OF AGE

- 4a. Were retirees under 65 years of age eligible to receive health insurance in 2000?**

- 209 1 ☐ Yes – Continue with Question 4b
 2 ☐ No – **SKIP to Question 5a.**

- b. What was the TOTAL number of retirees under 65 years of age covered by health insurance through your organization at all of its locations in 2000?**

- 572 **Total** retirees under 65 covered by insurance

- c. What percentage of these retirees were ENROLLED in EMPLOYEE-ONLY coverage?**

- 573 % Retirees under 65 **enrolled** in **employee-only** coverage

- d. For a typical plan in 2000, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with EMPLOYEE-ONLY coverage?**

- 574 \$, . 0 0 **Employer contribution for employee-only premium**

- e. For this same plan, what was the TOTAL monthly premium for this typical retiree with EMPLOYEE-ONLY coverage?**

- 575 \$, . 0 0 **Total employee-only premium**

- f. For a typical plan in 2000, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with FAMILY coverage?**

For retirees, if premium varies by family size, report for a family of two.

- 576 \$, . 0 0 **Employer contribution for family premium**

- g. For this same plan, what was the TOTAL monthly premium for this typical retiree with FAMILY coverage?**

- 577 \$, . 0 0 **Total family premium**

Section D – RETIREE HEALTH COVERAGE CHARACTERISTICS – Continued

65 YEARS AND OVER

5a. Were retirees age 65 years and over eligible to receive health insurance in 2000?

- 210 1 ☐ Yes – Continue with Question 5b
2 ☐ No – **SKIP to Page 9, Section E**

b. What was the TOTAL number of retirees age 65 years and over covered by health insurance through your organization at all of its locations in 2000?

578 **Total** retirees age 65 years and over covered by insurance

c. What percentage of these retirees were ENROLLED in EMPLOYEE-ONLY coverage?

579 % Retirees age 65 years and over **enrolled** in **employee-only** coverage

d. For a typical plan in 2000, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with EMPLOYEE-ONLY coverage?

580 \$, . 0 0 **Employer contribution for employee-only premium**

e. For this same plan, what was the TOTAL monthly premium for this typical retiree with EMPLOYEE-ONLY coverage?

581 \$, . 0 0 **Total employee-only premium**

f. For a typical plan in 2000, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with FAMILY coverage?

For retirees, if premium varies by family size, report for a family of two.

582 \$, . 0 0 **Employer contribution for family premium**

g. For this same plan, what was the TOTAL monthly premium for this typical retiree with FAMILY coverage?

583 \$, . 0 0 **Total family premium**

Section E – GENERAL HEALTH COVERAGE CHARACTERISTICS

<p>1a. What was the total annual cost of coverage for ALL hospital and/or physician plans offered at all locations in 2000?</p> <p>Estimates are acceptable.</p> <p><i>Include both employer and employee contributions.</i></p> <p><i>Include the total cost of coverage for all ACTIVE employees.</i></p>	<p>199</p> <div style="border: 1px solid black; padding: 2px;">\$, , . 0 0</div> <p>Annual cost for hospital and/or physician plans</p>
<p>b. What percentage of the total annual cost was contributed by the employer?</p>	<p>590</p> <div style="border: 1px solid black; padding: 2px; width: 100px; float: left;"></div> % Employer contribution
<p>2a. Which of the listed optional coverage services, if any, did your company offer to its ACTIVE employees in 2000 at a premium SEPARATE from the comprehensive health plan premium?</p> <p><i>Report single service insurance plans only.</i></p> <p><i>Do not include single services covered under a comprehensive health plan.</i></p> <p><i>Mark (X) all that apply.</i></p>	<div style="display: flex; align-items: center;"> <div style="flex: 1;"> <p>192 <input type="checkbox"/> Dental</p> <p>193 <input type="checkbox"/> Vision</p> <p>194 <input type="checkbox"/> Prescription drugs</p> <p>195 <input type="checkbox"/> Long-term care</p> <p>562 <input type="checkbox"/> No optional coverage – SKIP to Question 3a</p> </div> <div style="font-size: 3em; margin: 0 10px;">}</div> <div style="flex: 1;"> <p><i>Continue with Question 2b</i></p> </div> </div>
<p>b. What was the total amount paid for optional coverage for all ACTIVE employees ENROLLED through your company in 2000?</p> <p><i>Include both employer and employee contributions.</i></p>	<p>196</p> <div style="border: 1px solid black; padding: 2px;">\$, , . 0 0</div> <p>Optional coverage cost</p>
<p>3a. For 2000, did your company impose a waiting period before new employees could be covered by health insurance?</p>	<p>197</p> <p>1 <input type="checkbox"/> Yes – Continue with Question 3b</p> <p>2 <input type="checkbox"/> No – SKIP to Section F</p>
<p>b. For 2000, what was the TYPICAL waiting period?</p> <p><i>Mark (X) only one.</i></p>	<p>198</p> <p>1 <input type="checkbox"/> Less than 2 weeks</p> <p>2 <input type="checkbox"/> 2 weeks to less than 1 month</p> <p>5 <input type="checkbox"/> Until the first day of the next month</p> <p>3 <input type="checkbox"/> 1–3 months</p> <p>4 <input type="checkbox"/> More than 3 months</p>

Section F – PERSON COMPLETING THIS QUESTIONNAIRE

***** PLEASE NOTE *****

If your company offered health insurance, please complete Section F and an attached MEPS-15(S), Plan Information Questionnaire, for each plan offered.

If your company DID NOT offer health insurance, please complete Section F and SKIP to the attached MEPS-15(E), Establishment Worksheet.

212 Name (Please print)				213 Title													
Signature										214 Date (Month/Day/Year)							
										M	M	D	D	Y	Y	Y	Y
215 Telephone number ()			220 Extension		216 FAX number ()				217 E-Mail address								